

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036425

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

4816

FILED SEP 18 1963

## 1. PLACE OF DEATH

## a. COUNTY

Jackson

## b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN Kansas City

## Length of stay in lb

15 years

## c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION Downtown Hospital

## Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

## a. STATE

Missouri

## b. COUNTY

Jackson

## c. CITY

OR  
TOWN Kansas City

## Inside Limits

Yes ☒ No ☐

## d. STREET

ADDRESS 914 Linwood Boulevard

## Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

Mrs.

ROBERTA

## First

LEE

## Last

SANDERSON

## 4. DATE

OF DEATH

## Month

August

## Day

28

## Year

1963

## 5. SEX

Female

## 6. COLOR OR RACE

Caucasian

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

## 8. DATE OF BIRTH

11/28/1926

## 9. AGE (last birthday)

36

## IF UNDER 1 YEAR

Months Days

## IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

At Home

## 11. BIRTHPLACE (City and state or country)

Moberly, Missouri

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Unknown

## 13b. MOTHER'S MAIDEN NAME

Unknown

## 14. NAME OF HUSBAND OR WIFE

Adrian Sanderson

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No.

## 16. SOCIAL SECURITY NO.

[REDACTED]

## 17. INFORMANT

ADRIAN

Adrian Sanderson Kansas City, Missouri

## 18. CAUSE OF DEATH (Enter only one cause per

PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

L frontal Brain Tumor c Edema

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Probably Astrocytoma

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

Acute Gall Bladder Attack. Cholecystomy

PART III. If deceased was female, was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY

PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF

INJURY

## Hour

a.m.

## Month, Day, Year

p.m.

## 20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY STATE

## 21. I attended the deceased from

Death occurred at

8/28/63 to 8/28/63

and last saw him alive on

8/28/63

## 22a. SIGNATURE

(Degree or title)

J. A. Nigro

## 22b. ADDRESS

1222 N. 1st

## 22c. DATE SIGNED

8/28/63

## 23a. BURIAL, CREMATION,

REMOVAL (Specify)

Removal

## 23b. DATE

8/29/63

## 23c. NAME OF CEMETERY OR CREMATORY

K. U. Medical Center

## 23d. LOCATION (City, town, or county)

(State) Kansas City, Kansas.

## 24. FUNERAL DIRECTOR

ADDRESS

## 25. DATE RECD. BY LOCAL REG.

8-30-63

## 26. REGISTRAR'S SIGNATURE

Beasie Smith

Stine &amp; McClure - Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION  
J. A. Nigro

BY AFFIDAVIT OF

6014207-000

OCT 25 1963

PP

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. S. Walton

Licensed Embalmer No. 2744

P. O. Address Kemo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.